

cer than the white population. Cancer of the breast for example is very rarely met with amongst the Indians. His conclusions in this respect are based on extended investigations and personal interviews in North, Central and South America, and extensive correspondence with reservation physicians, brought down to the end of 1924. So striking a contrast in the occurrence of cancer in the Indian race is worthy of the closest possible scrutiny, especially as regards diet, for evidence is rapidly accumulating to show how closely associated is the occurrence of cancer with heavy meat eating.

In its last analysis, Dr. Hoffman concludes, "the problem lies in the hands of the general practitioner. He is first consulted by the cancer patient, and . . . the principal cause of cancer mortality is delay on the part of the patient to seek qualified treatment."

The mortality from cancer is evidence that no cure has yet been discovered, but it is due to the medical profession, as Dr. Hoffman admits, that attention should be drawn to the successful forms of control devised by surgery but for which the cancer death toll would reach far greater proportions.

H. E. MACDERMOT

### THE LAST HUNDRED DAYS OF THE GREAT WAR

Many times since the armistice of November 11, 1918, and particularly during the months in which the troops were returning from their "high emprise" to their homes in Canada, the writer has heard the hope expressed by returning officers, and not of the medical service only, that steps would be taken to preserve, while the memories of active service were fresh and keen, the almost limitless experiences of modern war, in all its forms and phases, acquired by men but few of whom were bred to arms, and acquired at a cost even yet not fully calculated.

Such men, patriots at heart and in practice, were all aware both of the unpreparedness of Canada and the Empire generally for the dreadful ordeal when it began and of the cost in life and treasure of overcoming this handicap during the first half of the long struggle. They were naturally, therefore, anxious that the priceless lessons of experience should not die by mere lapse of time, the most subtle and valuable of them in the very process of re-establishment in

civil life, and all of them, even the most obvious, with the passing off the stage of life of the participants in the great stand of the English-speaking world for freedom.

They knew too how very much Canadian troops in all branches of the service owed to the framework of training and experience not of our own militia only in pre-war years, but, of the armies of the Motherland, by whose example we trained ourselves into war formations fit at last to crush, at least in a military sense, the formidable Prussian.

They, therefore, wished that a serious effort should be made to set down in permanent form for future use part at least of the lessons learned, and of the successful application of old principles to new circumstances, in all sorts of terrain and in all climates, from Siberia to tropical Africa and the islands of the Pacific.

While this task is now nearly done in the *Official History of the Great War*, issued by H.M.'s Stationery Office, in which Canadian effort and success have due place in the accounts of Imperial effort as a whole, there is a large field for the unofficial historian, in the recording of the experiences of individual units and services. This literature has grown to very large proportions, and is, of course, of quite varying merit and value, from the more formal war diary type of record, to the very personal regimental and corps histories, with their special appeal to the comrades who served in the individual units.

It should be a matter of satisfaction to all who served in the Canadian Expeditionary Force, but particularly in the Medical Service, that the work of the C.A.M.C. in that last hundred days has been so carefully, modestly and understandingly set forth by an officer who had served during the whole war, and who, for the greater part of the period in question was himself, as D.D.M.S. of the Canadian Corps, *pars maxima* of the events he described.

The value of his\* book as a text-book for future classes of medical officers is at once apparent, though the only phase of the duties of a medical service taken up is that of an army in pursuit. Administration and arrangements of the service with an army in retreat, or for acci-

\**The C.A.M.C. with the Canadian Corps during the Last Hundred Days of the Great War.* By Colonel A. E. Snell, C.M.G., D.S.O. The King's Printer, Ottawa. \$1.50, postage extra, and from booksellers.

dental combat, or for prearranged battle, or for a war of fixed position, are not considered, as only in the last hundred days was there any experience of the open warfare so prevalent in all previous wars. The long drawn out struggle with a narrow no-man's-land between the trenches was now over, and must have historians of its own as a phase of the Great War.

This historian has given us an account most variously reminiscent. In parts it smacks of the official war diary; again, it changes to personal statements of opinion on various administrative points, such as the proper control of field ambulance work shop or motor ambulance convoy; now and again discussions occur upon changing methods, perhaps in the proper keeping-up of the all-important admission or discharge book of the field ambulance, which once at least was done at the casualty clearing station by details of the clerical sections of the field ambulances clearing to them; perhaps in the use made of the sanitary sections; perhaps in the duty assigned for the time being in the evacuation of wounded to the divisional transport, to the motor ambulance convoys, to the light railway, or even to the broad gauge steam railway, before the casualty clearing stations were reached. A very interesting statement is made of the relations of the medical service with the "G" and "Q" branches, and liaison generally with divisional and corps headquarters. These discussions all show clear internal evi-

dence of opinions born of experience, expressed without undue dogmatism. Indeed, all through the book there runs the golden thread of mutual confidence, good-will, and respect, both within the medical service, and in its relations with all the other services, without which the record of the Canadian Corps would have been impossible of attainment.

There is modestly implied, too, the courage in all ranks and in all services, which usually goes with reticence. One is reminded of the comment made by Malleon in the preface of his *History of the Indian Mutiny of 1857*:—"There has never been an event in history to which the principle of the Order of the Day, published by Napoleon on the morrow of Austerlitz, applies more thoroughly than to the Mutiny of 1857. 'It will be enough for one of you to say,' said the Emperor in his famous bulletin, 'I was at the Battle of Austerlitz,' for all your fellow citizens to exclaim, 'There is a brave man!' Substitute the words 'Indian Mutiny' for 'the Battle of Austerlitz' and the phrase applies to that band of heroes whose constancy, whose courage, and whose devotion saved India in 1857.' "

With due allowance for Napoleon's natural flamboyancy, a little alien to the temper of the Empire nowadays, may we not, *mutatis mutandis*, say the same of the armies that faced the Germans for those four memorable years, and won the war at last? J. T. FOTHERINGHAM

**Significance of Hemoptysic Onset In Tuberculosis.**—Two hundred and forty-five, or 8 per cent., of the total number of patients admitted to the Trudeau Sanatorium during a period of twelve years gave a history of hemoptysic onset, as reported by F. B. Trudeau, Saranac Lake, N. Y. The sputum was positive in 119, or 48.57 per cent., of these cases, while tubercule bacilli had been found in the sputum of thirty more patients reported, before they entered the institution. Counting in these thirty cases, 149, or 60.81 per cent., of the 245 cases had positive sputum. In 171, or 69.83 per cent., of this series of hemoptysic onset cases, a confirmatory diagnosis was made in the roentgen-ray laboratory. Râles usually moderately coarse in character, situated in the upper half of either chest, and not clearing after cough, were present in 196, or 80 per

cent., of the cases of this series. Ten, or 4.08 per cent., had had at some time a pleurisy with effusion which could not be explained by any cause other than tuberculosis. In following these 245 patients from one to twelve years after leaving the sanatorium and classifying them under the headings of "well," meaning well and working for at least two years, "living" meaning either that they are still continuing their treatment or else that nothing more is known about them other than the fact that they are still living, "dead," and "unknown," it was learned that 114 are well; sixty-three are living; forty-seven are dead, and twenty-one were not heard from. The prognosis in this type of case is no better or worse than in any other mode of onset of this disease.—*Jour. Am. Med. Ass.*, June 13, 1925.